PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -7 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15103

1. Corporation Name

Boynton West Condominium Association, Inc.

REINSTATEMENT 00-03

2. Principal Office Address	**3.** Mailing Office Address
c/o Beacon Property ~~500 NE Spanish River Blvd.~~ Suite, Apt. #, etc. Suite 18	same Suite, Apt. #, etc.
City & State Boca Raton, Fl 33431	City & State
Zip / Country 33431 / USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 5/27/1986

5. FEI Number 59-2726633 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ernest W. Willis

Street Address (P.O. Box Number is Not Acceptable)
500 NE Spanish River Blvd.

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03/07/03--01049--001 **481.25

Suite, Apt. #, Etc.
Suite 18

City: Boca Raton | State: FL | Zip Code: 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 2-12-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Michele Gaiad	117 NE 9th Avenue	Deerfield Bch, Fl 33441
S/TD	James M. Sherman	3020 SW 20 #2	Boynton Beach, Fl 33426
~~V/P D~~	~~Frank A. Steinberg~~	~~9689 Nevada Place~~	~~Boca Raton, Fl 33434~~

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 2/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #